

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

09/702374

FILING DATE

APPLICANT(S)

	8-10-04		3-16-05			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		3		3		
28		3		3		
29		3		3		
30		3		3		
31		3		3		
32		3		3		
33		3		3		
34		3		3		
35		3		3		
36		3		3		
37		3		3		
38		3		3		
39		3		3		
40		3		3		
41		3		3		
42		3		3		
43		3		3		
44		3		3		
45		3		3		
46		3		3		
47		3		3		
48		3		3		
49		3		3		
50		3		3		
TOTAL IND.	0		0		0	
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

CLAIMS

	8-10-04		3-16-05			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59		1		1		
60		1		1		
61		1		1		
62		3		3		
63		3		3		
64	1		1			
65		1		1		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70	1		1			
71	1		1			
72	1		1	2		
73		7		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83	1		1			
84	1		1			
85			1			
86			1			
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	0	9	0		
TOTAL DEP.		120		120		
TOTAL CLAIMS		127		124		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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